STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185221	A. BUILDING _____ B. WING _____	C 10/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALYERSVILLE HEALTH CARE CENTER	571 PARKWAY DRIVE SALYERSVILLE, KY 41465

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An Abbreviated Survey was conducted, on 10/13/10 through 10/14/10, related to ARO KY00015441 and ARO KY00015447. Both AROs were determined to be unsubstantiated. Unrelated deficiencies were cited with the highest Scope and Severity being an "E".	F 000		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the	F 431	#1. All diabetic residents have potential to be affected. No specific resident was identified. Medical Director was notified of control solution date on Peach Wing and control solution not dated on Blue Wing with no new orders by RDCS (Regional Director of Clinical Services) on 10/14/10.All control solution not dated was immediately discarded, replaced and dated per policy on 10/14/2010 by the RDCS. #2. DON/ADON/UM audited all blood sugar control log values on 10/21/10 to identify any abnormal readings documented from 4/28/10 through 10/14/10. No abnormal readings were noted. On 10/15/10 DON/UM reviewed all blood sugar record results from 6/14/10through 10/14/10 to identify any resident who may be affected. No residents were affected. DON/ADON/UM audited all medication rooms and drugs and biologicals to identify any drug or biological not dated ,	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sharon Welch — TITLE: Administrator — (X6) DATE: 11/11/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 431	Continued From page 1 quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure the high and low controls for the glucometers for two (2) of the three (3) wings were dated upon opening and/or discarded timely per the Manufactures Guidelines . The findings include: Review of the Manufactures Guidelines, for the Glucometer used by the facility, revealed the following related to the control solution: "Use only three months after first opening" "Record the discard date (opening date plus three months) on the control solution vial" "Discard after three months" Observation of the high and low controls, for the Glucometer, on the Peach Unit revealed they were stored in a box dated 04/28/10. Observation of the high and low controls, for the Glucometer, on the Blue Unit revealed they were bound together with a rubber band, in a box. No date was observed to indicate when the controls had been opened. Review of the Fingerstick Blood Sugar (FSBS) logs, for the month of October revealed the controls were within the manufacturers guidelines.	F 431	expired, not labeled, stored at proper temperature, were single dose packed and to ensure all controlled medications were locked and keys were only available to authorized staff on 11/9/2010.Any drug or biological that was not dated, and /or expired was immediately discarded and replaced by the DON, all temperatures were within proper range, all drugs were single dose packed, all controlled drugs were reconciled, locked in the appropriate compartment with no errors, and keys were only available to authorized staff. #3.RDCS re- educated DON/ETD(Education Training Director on 11/9/10 regarding policy/ procedure for ensuring blood glucose control solution is dated, initialed and controls are performed per policy, that all drugs and biologicals are stored per policy, maintained in the proper temperature, labeled, dated, not expired, locked per policy , all drugs are single dose packed, all controlled drugs are locked in the approved compartment, accounted for and that only authorized staff have keys available.	

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F 431	Continued From page 2 Interviews, on 10/14/10, with Registered Nurse (RN) #1, RN #2, RN#3, Licensed Practical Nurse (LPN) #1 and LPN #2, revealed the controls were to be labeled when opened. These Nurses indicated the controls were to be discarded after thrifty (30) days, to ensure control tests were accurate.	F 431	DON/ETD re-educated all licensed nurses regarding policy/procedure for ensuring blood glucose machines are calibrated and solutions are dated and initialed, that all drugs and biologicals are stored at the appropriate temperature, not expired, dated when opened, all drugs are single dose packed, all controlled drugs are locked in the proper compartment and keys are only available to authorized staff on 11/10/2010. EDT/DON to audit all blood glucose calibration logs five(5) week for four (4) weeks then 1 time a week for two (2) weeks, then one(1) time a week beginning 11/10/2010 to ensure policy for drugs and biologicals storage, temperatures, labeling, dating of opened liquids, (this includes blood glucose control solution and strips), controlled drugs are locked in the proper compartment and accounted for and that keys are only available to authorized staff is being followed. RDCS to audit blood glucose calibration logs, blood glucose solutions and strips to ensure all are	

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F 431		F 431	dated and initialed per policy and that all drugs and biologicals are stored at the proper temperature, stored in the proper compartment, all controlled drugs are locked and reconciled , are labeled and dated per policy, not expired and that keys are only available to authorized personnel 2 times month beginning 11/10/2010 for three (3) months. #4. Quality Assurance Committee(Administrator, DON, UM, ADON,Life Enrichment Director, Pharmacy Services, Social Services, Environmental Services) to review all drug and biological audit results and revise plan based on audit findings and committee recommendations, every two(2) weeks for one (1) month then one (1) time a month for three (3) months beginning 11/10/2010.Consultant Pharmacist to be part of QA Committee recommendations every two(2) weeks for one month, then one(1) time a month for three(3) months beginning 11/10/2010. #5. Compliance date 11/11/10.	